



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Burris 4 Trustee				
Full Name of Contributor Daniel Sutphen			Registration Number, if PAC	
Street Address 5832 Leven Links Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/15/2017	Amount 200.00
Full Name of Contributor Michael E. Creamer			Registration Number, if PAC	
Street Address 2546 Clark Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/03/2017	Amount 25.00
Full Name of Contributor William F. Lotz			Registration Number, if PAC	
Street Address 3800 Zuber Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Orient	State OH	Zip Code 43146	Date (MM/DD/YYYY) 10/15/2017	Amount 100.00
Full Name of Contributor Daniel Menninger			Registration Number, if PAC	
Street Address 1327 Daventry Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/26/2017	Amount 200.00
Full Name of Contributor Donald E. Brown			Registration Number, if PAC	
Street Address 4313 State Route 762	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lockbourne	State OH	Zip Code 43137	Date (MM/DD/YYYY) 09/15/2017	Amount 100.00

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]